

PRAIRIE CARE PROGRAM  
GRAND PRAIRIE SCHOOL 2011-2012

Child's Name \_\_\_\_\_ Grade 2011/2012 \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Marital Status of Parents \_\_\_\_\_

Father or Guardian Name \_\_\_\_\_

Employer Name, Address and Phone \_\_\_\_\_

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Mother or Guardian Name \_\_\_\_\_

Employer Name, Address and Phone \_\_\_\_\_

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Child Physician Name, Address and Phone \_\_\_\_\_

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Emergency Contact other than Parent or Guardian

Name and Phone \_\_\_\_\_

Authorized persons to pick up my child

Name \_\_\_\_\_

Name \_\_\_\_\_

Any Allergies or other important information the teachers should be aware of? Explain

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I give my permission for my child to participate in all the activities of this program. After being given notice, I will send a written notice if I do not want my child to go on a specific field trip.

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Signature Parent/Guardian

Date